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ABSTRACT

Communication is a key tool that health care professionals must use to identify the salient variables causing health complaints, to create strategies for health care treatments, and to elicit cooperation from health care colleagues and clients in the delivery of health care services. Communication specialists can help by applying speech communication knowledge in the training of health care professionals. In-house training, professional workshops, and on-site seminars are generally more accessible to health care practitioners than are college courses, and are therefore good channels for health communication training and developmental work. Health communication training can be divided into two different categories: health communication skills training, and health communication process training. Training areas include verbal and nonverbal skills, perceptual skills, listening skills, and presentational speaking skills. Process topics include patient interviewing, health education, practitioner-patient relationships, health care team building, therapeutic communication, health care ethics, and communication in health care organizations. (HOD)

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"Communication Training for Health Care Professionals"

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Introduction

Health care professionals (doctors, nurses, dentists, therapists, social workers, pharmacists, etc.) are engaged in an extremely complex and difficult human services occupation. Health care treatment often deals with multi-faceted human health problems where many questions and few answers are available for directing the actions of the health care practitioner. The health care problems patients have are often highly idiosyncratic, thereby necessitating the creation of individualized health care treatments. Moreover, most modern health care treatment cannot be conducted by a single practioner, but involves the coordinated efforts of many different health professionals, who must be able to work together as a team. Human communication is a key health care tool that the health care professional must use to identify the salient variables causing health complaints, creating strategies for health care treatments, and eliciting cooperation from both health care colleagues and clients in the delivery of health care services. It should be noted that, "the clarity, timeliness, and sensitivity of human communication in health care is often critical to the physical and emotional well being of health care clients."[1]

Several serious problems, complaints, and issues in the delivery of health care services have surfaced within recent years. These health care delivery problems include poor patient cooperation with health care regimens (often referred to in the health care literature as poor patient compliance), frequent miscommunications between people involved in health

care situations, unrealistic expectations in health care by both patients and practitioners, lack of sensitivity in health care interactions, and widespread dissatisfaction with health care services.[2] A large proportion of these health care problems are caused by underlying inadequacies in human communication in health care practice.[3]

Communication training for health care professionals can help bring to light some of these underlying human communication inadequacies, as well as provide direction for the improvement of human communication in health care practice. In this paper I will examine some of the needs, opportunities, and methods available for training health care practioners to best utilize human communication as a health care delivery tool. Moreover, I will identify communication training as an important applied communication educational activity which involves more than merely the indoctrination of predetermined "correct" communication rules and behaviors, but includes the development of insights into the human communication process, the development of communication strategies for use in different situations, and the development of effective human communication skills.

Health Communication and Speech Communication

Health communication has developed as an area of study concerned with the role of human interaction in the health care delivery system. Human communication in health care has been studied from a wide range of perspectives and academic disciplines, ranging from health care disciplines (such as medicine, psychiatry, and nursing) to social science disciplines (including sociology, psychology, and speech communication).

Cassata argues convincingly that speech communication is an extremely strong perspective from which to study health communication, identifying communication specialists as key members of the health care system due to their ability to interpret and understand health communication phenomena, as well as their ability to interface the health care system and help solve health communication problems.[4] In this paper I will extend on Cassata's work by identifying several ways communication specialists can help solve health communication problems by applying speech communication knowledge to the training of health care professionals.

Health communication is largely an outgrowth of speech communication, with many of the major areas of health communication study having their roots in communication theory and research. Knowledge about intrapersonal, interpersonal, group, organizational, and public communication have been usefully applied to health care situations to provide a frame of reference for analyzing health communication. Perhaps some of the terminology and specific applications of communication knowledge have been adopted and adapted in health communication, but much of the underlying speech communication content remains intact. Areas of health communication analysis such as, "...the health practitioner-health client communication relationship, communicative interaction between interdependent health care professionals, flow of information throughout health care organizations, therapeutic helping interaction, as well as health care interviewing techniques and methods," are all based on underlying

speech communication concepts.[5]

Although health communication is a relatively new area of study within the speech communication discipline it is an area that is rapidly growing. Several communication departments across the country are offering courses dealing with health communication issues.[6] Many communication researchers, including myself, are actively involved in conducting research on the role of human communication in health care practice.[7] State, regional, national, and international communication discipline professional organizations have introduced interest groups, divisions, and convention programs focusing on health communication. Another area of growth in health communication, that is perhaps most pertinent to the topic of this paper, is the growing number of communication specialists who are currently involved in providing communication training for health care professionals.

Health Communication Training

As I have indicated, health communication is an emerging area for communication education, research, and application. The importance and uses of health communication education have been discussed elsewhere.[8] Several have written about the importance of communication research in health care.[9] In this paper I will address the importance of applying communication knowledge to health care phenomena through health communication training and development.

McBath and Burhans have argued that "...the speech communication field should be concerned with expanding the uses of human communication

knowledge."[10] Nowhere is human communication knowledge of more use than in interfacing the communication problems of health care delivery. I have found most health care practioners to be eager recipients of communication knowledge that can help them cope with the tremendous communicative demands of their professional lives.

Health communication training provides a new and applied audience for communication education. It seems paradoxical that the majority of communication education is directed towards college undergraduates who often have little appreciation for the applications of communication knowledge due to their limited professional career experiences. Health professionals can readily identify areas for application of communication knowledge in their everyday work activities.

Professional training and development work in health communication provides a means for applying communication knowledge to serious human issues. The communication specialist performs an important adaptive role as a trainer for health professionals. Communication training should provide health practitioners with a means for analyzing their professional communication strengths and weaknesses, developing new strategies for communicating more effectively in future health care situations.

Training and development work is a new means of providing communication education to the public. It probably will not replace traditional forms of higher education, but can become an important adjunct to college programs. Some health communication training can be accomplished through

on-campus college courses. Yet, it is often difficult for many health professionals to find the time to take college courses because of the extensive time demands of their health care careers. Additionally, due to their extreme involvement in their professional careers, many health care practitioners are unaware of the relevant course offerings at local colleges and universities. Sometimes correspondence classes, continuing education extension programs, and other innovative educational systems at college campuses can be successfully used to reach health care practitioners with health communication education, but generally health communication specialists must bring their programs to the health care practioners, rather than attempt to bring the practitioners to their campuses.

In-house training, professional workshops, and on-site seminars are generally more accessible to health care practitioners than college courses are, and therefore are good channels for health communication training and development work. Several national and regional health care professional associations mandate that their members receive on-going health-related education to retain their certification and licensing. Much of this on-going education is provided in the form of professional workshops and seminars. Communication specialists can often become providers for on-going professional certification by applying to the health care professional organizations for approval as a trainer. Health communication education programs have proven to be popular choices by health practioners for their certification

training programs.

Most large hospitals and medical centers provide in-house educational systems for training their health care personnel. Communication specialists can often offer health communication training programs to hospital personnel through the organization's in-house educational system. Additionally, several professional health care associations offer training programs as part of their annual and semi-annual meetings. "Regardless of where you reside there are always local health care delivery institutions (hospitals, clinics, nursing homes, etc.), and health care associations (regional and state health care associations, health care worker unions, self-help groups, etc.) that provide on-going training and development for health care professionals and consumers."[11] These are but a few of the many opportunities health communication specialists have for providing health communication training for health care practitioners.

Major Training Topic Areas

Health communication training can generally be divided into two different categories, health communication skills training, and health communication process training. Skills areas include such topics as verbal and nonverbal skills, perceptual skills, listening skills, and presentational speaking skills. Skills training focuses primarily on the development of communication behaviors. Process training areas focus on the communicative demands that are part of health care activities. Process topics generally include much of the skills areas, but apply these skills specifically to the health care delivery system. Some of the

major topic areas in health communication process training are patient interviewing, health education, practitioner-patient relationships, health care team building, therapeutic communication, health care ethics, and communication in health care organizations. I prefer process oriented health communication training rather than skills training because of the clear applications and utility of the topic areas to health care delivery. Health care practitioners are generally more receptive to communication training that clearly offers them pragmatic pay-offs, and although skills training undeniably does offer pay-offs, process training does a better job of linking human communication and health care activities together.

In the remainder of this paper I will describe the seven health communication process training topics I have utilized successfully as a health communication trainer. I will identify some of the major topic area applications, communication concepts that are brought out in the training, and training methods I have utilized. The seven topic areas are not always mutually exclusive of one another, but oftentimes overlap. If possible, I try to utilize the overlap between these topic areas by offering a series of workshops to a group of health professionals, where one topic presentation leads into another topic area. Moreover, these seven topic areas are certainly not exhaustive of all of the health communication process topics. These are just some of the training topics I have utilized successfully. I am presently working on developing other areas for training, and other communication specialists have presented additional health communication training topics. The following topic areas are

some examples of communication training for health care professionals.

Patient Interviewing

Patient interviews are identified as the basic formal avenue of interpersonal communication between patients and practitioners. Interview strategies, styles, and techniques are identified, discussed and practiced. Verbal and nonverbal communication skills are discussed and applied to the interview situation. The perceptual process is examined and related to the ways people evaluate one another in interview situations.

Training methods include lectures, group discussions, and role-plays of interview situations. Practitioners are given the opportunity to practice interviews by role-playing health professional and patient roles in simulated health care interviews.[11] Videotape has been used as an effective feedback tool when used to record the simulated health care interviews and critique interview communication style.[12]

Patient interviewing is demonstrated as an important part of health care information seeking when used in patient evaluation, diagnosis, and history taking. The importance of allowing the patient to explain their own perceptions of their health care problem is stressed as a crucial aspect of these interviews. Information giving is related to interviews where the practitioner attempts to explain a health care regimen, a diagnosis, or a symptom to a patient. Clear use of language, explanation of complex health care jargon, and seeking feedback from the patient are stressed as important parts of information giving interviews. Additionally, counseling and problem solving interviews are examined as important health care interview situations.

Health Education

In health education training practitioners are instructed how to describe and explain complex health care topics and procedures clearly and explicitly to patients, lay audiences, and professional groups. Techniques of informative and persuasive speaking are presented and discussed. Speech organization, structure, and delivery are stressed as important parts of presentational speaking. Verbal and nonverbal messages are examined. Audience analysis and the ability to adapt messages to particular audiences is examined. The ability to seek and utilize feedback from audiences while speaking is discussed. Preparation and use of visual aides are examined and practiced.

Training methods include lectures, group discussions, and video-taped presentations by practitioners on health care topics. Trainees are given the opportunity to practice health education presentational skills within the class. While the speaker gets experience in presenting health care information to an audience, the rest of the group gets experience in critiqueing presentational speaking and recognizing the use of effective and ineffective presentational communication strategies. Additionally, group members usually learn new health care information from the health education presentations. Analysis of the videotapes of trainee presentations gives the speakers an opportunity to evaluate their own presentational communication strengths and weaknesses.

Health education is identified as an important part of health care services. The practitioner can improve the effectiveness of health care

informing the public about health care hazards, methods of self evaluation, when and where to get health care treatment if needed, and how to best take care of their health. Health education is examined as an important part of wholistic medicine, where health care moves from an intervention approach to a prevention approach to health care treatment. Additionally, health education presentations are discussed as a means of improving health care education. Practitioners can share information about patient care through effective presentational speaking skills.

Practitioner-Patient Relationships

The practitioner-patient relationship is identified as a crucial element in the relative success or failure of health care treatment. It is stressed that every time people communicate interpersonally the relationship between these individuals is affected. Content and relationship aspects of interpersonal messages are identified and analyzed. The quality of relationship messages are examined, identifying personal and object levels of relationship communication. Personal communication is shown to be a humanizing form of interaction, while object communication is shown to be dehumanizing. Examples of personal and object communication in health care are elicited, and the repercussions of these relationship messages on health care treatment are examined. The importance of making clear relational expectations of communicators and constantly seeking feedback between interpersonal communicators are stressed as being key elements in relationship development.

Lectures and group discussions are used as the primary training methods in presenting patient-practitioner relationships. Trainees are

encouraged to examine the interpersonal relationships they have developed with patients as a health care professional. How effective have these relationships been? What aspects of the interpersonal communication between patient and practitioner caused the relationship to be more or less effective? Trainees are asked to share their relationship experiences in health care with other trainees. Through discussions sensitivity to the relational needs of health care consumers are explored. Strategies for developing effective patient-practitioner relationships are elicited.

The patient-practitioner relationship is related to the health care issues of poor patient compliance, unrealistic expectations in health care, miscommunications between patients and practioners, lack of sensitivity in health care, and general dissatisfaction with health care services by both patients and practitioners. The importance of establishing effective practioner-patient relationships is shown to have multifarious implications for the overall quality of health care practice. Much of the information discussed about establishing effective interpersonal relationships is shown to be applicable to non-health care relationships as well as practioner-patient relationships.

Health Care Team Building

Intercultural and group communication is examined as key elements in developing effective health care teams. Intercultural communication is related to interprofessional relations between different health professionals. Ethnocentrism and professional status hierarchies are examined as potential intercultural barriers between health professionals.

Sex roles in health care (particularly between nurses and doctors) are also examined as potentially dangerous cultural barriers to the development of health care teams. The use of health care jargon is discussed as a means of expressing cultural group membership, and the importance of using shared symbols between team members is stressed. Group communication is applied to team building in terms of developing group roles, leadership, cohesiveness, and the ability to make group decisions. Different leadership styles are examined for different health care situations and different health care teams. Conflict between health care team members is examined as a potentially dangerous or a potentially useful communication situation depending on the way it is handled by the health care team members. Strategies for maintaining conflict to maximize its productive aspects and minimize its destructive aspects are presented and discussed.

Health care team building is presented through lectures, discussions, and role playing situations. Trainees are asked to portray different professional areas than their own in decision making discussions. Through these role-playing exercises sensitivity to the cultural perspectives of different professional groups is elicited, and acceptance of the legitimacy of different professional perspectives on reality is fostered. Conflict, leadership emergence, and decision making strategies that develop within the group role-play exercises are discussed by the training group, and strategies for improving group communication between team members are developed collaboratively by the trainer and the training group members.

The importance of developing effective health care teams in modern society is examined in light of the growing specialization and complexity of health care practice. No one health care professional has all of the knowledge and skills needed to provide high quality health care to any patient. In modern health care the variety of relevant practitioners must work together cooperatively and interdependently to provide the best possible health care services to the public. The crucial roles of different health professionals such as pharmacists, therapists, nurses, social workers, dentists, medical specialists, and others are analyzed by the group. Intercultural sensitivity between health team members is fostered as a means of improving communication between health team members. Examples of health care teams that must communicate effectively in health care are discussed, including surgical teams, rehabilitation teams, administrative teams, and nursing teams.

Therapeutic Communication

Therapeutic communication is examined as a means of promoting reorientation, support, and growth for consumers of health care. Human communication elements such as self-disclosure, risk-taking, intimacy, empathy, and the development of supportive communication climates are examined as potentially therapeutic communication activities. The importance of using sensitive verbal and nonverbal communication messages in practioner-patient relationships is emphasized as key ingredients in facilitating therapeutic communication.[13] Health communication can become therapeutic if interpersonal "...communicators express empathy, trust, honesty, validation, and caring to one another in their interaction."[14]

Health communication training in therapeutic communication is presented through a combination of lectures and group discussions. The key communication elements of therapeutic communication are presented through lectures, and group discussions are used to elicit examples of therapeutic and pathological (non-therapeutic) communication interaction in health care. Discussions are also used to identify the implications of therapeutic and pathological communication on health care treatment. Strategies for becoming more therapeutic communicators are presented and discussed as well.

Therapeutic communication is identified as the key communication characteristic of helping, and health care is identified as a helping profession. Therapeutic communication is related to wholistic health care in that therapeutic interaction between practitioners and patients encourages the patient to take an active role in health care treatment, transforming the practitioner-patient relationship from one of "...professional dominance to one of equality."[15] Specific health care situations where therapeutic communication is essential, such as communication with the terminally ill, are identified and discussed.

Health Communication Ethics

Health communication ethics are examined as a means of evaluating the moral dimensions of communication in health care practice. Information politics, or the sharing and withholding of health care information to gain and wield power, is examined from the perspective of communication ethics. Honesty is also examined, in light of the subjectivity of meanings and the intentionality of human communication. Personal and

object communication relationships are discussed as ethical and unethical approaches to health communication.

Health communication ethics are presented through a combination of lectures, discussions, and analyses of moral dilemmas. Examples of moral dilemmas in health care, such as questions of euthanasia, choosing one patient for scarce health care resources over another patient, or whether or not to tell a patient his or her true diagnosis if it might prove harmful to the patient, are presented to the group and analyzed from a variety of ethical perspectives. The group is made aware through these discussions that there is never only one "correct" ethical answer to any health care situations, but there are many different ethical considerations health professionals must make in providing high quality health care treatment. Group members are trained to develop insight into various health care situations, as well as communication tools for d scussing ethical considerations with other health professionals when making a particularly difficult ethical decision.

Health communication ethics is related to everyday health care treatment. "Paternalism, truth-telling, and the day-to-day treatment issues, such as time, brusqueness, and nonverbal communication are matters for ethical inquiry."[16] The ethics of double standards for treatment to the poor and the wealthy, to minority and majority members, as well as to men and women are examined.[17] The issues of patient mortality, including communication with the terminally ill, euthanasia, and organ donations are also examined to determine the ethical considerations health professionals must make.

Communication in Health Care Organizations

Health care organizations, such as hospitals, medical centers, clinics, and nursing homes, are presented as the primary social system for delivery of health care services to the public. The importance of effective human communication in health care organizations is stressed as the key factor in the successful operation of these organizations. Internal and external communication demands that are made on health care organizations are identified and discussed. Problems and functions of formal and informal message flow in health care organizations are examined. Hierarchy, organizational structure, and bureaucracy are identified as elements of the organization that provide rules and constraints on organizational behavior and communication. The need for innovation in health organizations is examined, as well as the balance the organization must maintain between structure and innovation. Communication strategies for effectively implementing change within health care organizations are proposed and discussed.

Communication in health care organizations is presented through lectures, discussions, and case study analyses. Case studies of realistic health organization problem situations are examined by group members. The underlying communication aspects of these organizational difficulties are identified and analyzed. Suggestions for improvement of the communication systems in the cases are elicited and specific action plans for implementing the suggestions are discussed. The analysis of health care case studies allows the trainees to directly apply the

content from the group lectures to analyzing and developing strategies for solving communication related problems in health care organizations.

Specific communication issues in health care organizations are identified and discussed in the class, such as role conflict and multiple authority problems facing many middle level organization members (such as staff nurses), over-development of bureaucratic regulations and "red-tape" in hospitals, competition between the formal and informal communication systems in health care organizations, and poor interprofessional relations in health care systems. Trainees are asked to examine their own communication roles within the health care organization they work in, identifying the functions of their work role, the individuals with whom they must work most interdependently, and the influence of their activities upon the functioning of their unit and the health care organization as a whole. This self-examination allows the trainees to further apply the information presented about organizational communication to their own work situations.

Conclusion

Communication training for health care professionals can help prepare these practioners to meet the communicative demands of health care practice. Communication specialists have a great deal of relevant knowledge that is of great utility to health care delivery. These communication specialists must be able to extend upon their communication knowledge by applying it to realistic health care situations if they are to be able to reach this applied audience and offer health care professionals insight into the health communication process.

Footnotes

[1] Gary L. Kreps and Barbara C. Thornton, Human Communication in Health Care Practice, (under review, MacMillan, 1981), p. 2.

[2] Ibid., chapter 1. See also, Barbara Korsch and Vida Negrete, "Doctor-Patient Communication," Scientific American 227 (1972), 66-74; J. Alpert, "Broken Appointments," Pediatrics 34 (1964), 127; B. Blackwell, "Patient Compliance," New England Journal of Medicine 289 (1973), 249-252; S. Bloom, et al., "Physician-Patient Expectations in Primary Care," Bulletin of the New York Academy of Medicine; C. Boyle, "Difference Between Patient's and Doctor's Interpretations of Some Common Medical Terms," British Medical Journal 22 (1970), 286-289; S. Crown, "Failures of Communication," Lancet 2 (1971), 1021-1022; R. Mendelsohn, Confessions of a Medical Heretic (Chicago: Aldine, 1979); I. Illich, Medical Nemesis (New York: Random House, 1976); A. Kirch, "The Health Care System and Health: Some Thoughts on a Famous Misalliance," Inquiry (1974), 269-275; J. Knowles, ed., Doing Better and Feeling Worse: Health Care in the U.S. (New York: Norton, 1977); E. Lambert, Modern Medical Mistakes (Bloomington, In.: Indiana University Press, 1978); L. Lander, Defective Medicine (New York, Farrar, Straus, and Giroux, 1978); H. Walker, "Communication and the American Health Care Problem," Journal of Communication 23 (1973), 349-360.

[3] Ibid.

[4] Donald M. Cassata, "Health Communication Theory and Research: An Overview of the Role of the Communication Specialist Interface," Communication Yearbook 2 (New Brunswick, N.J.: ICA-Transaction, 1978), 495-503.

[5] Gary L. Kreps, "Communication Education in the Future: The Emerging Area of Health Communication," Indiana Speech Journal (in-press). See also, D. Costello, "Health Communication Theory and Research: An Overview," Communication Yearbook 1 (New Brunswick, N.J.: ICA-Transaction, 1977), 557-567.

[6] Ibid. See also, Gary L. Kreps, "Health Communication Education for Future Health Practitioners," Health Communication Newsletter 7 (Winter, 1980), 6-8; S. Hill, " Health Communication: Focus On Interprofessional Communication," Association for Communication Administration Bulletin 25 (August, 1978), 31-36; B. Morse and E. Van Den Berg, "Interpersonal Relationships in Nursing Practice: An Interdisciplinary Approach," Journal of Communication Education 27 (1978), 158-162; V. Freimuth, "Health Communication at the University of Maryland," Health Communication Newsletter 8 (Fall, 1981), 1-2.

[7] For a sampling of health communication research conducted largely by members of the Speech Communication discipline see Communication Yearbooks 1 - 5, Health Communication Section, (New Brunswick, N.J.: ICA-Transaction, 1977-1981).

[8] Gary L. Kreps, "Communication Education for Health Professionals," paper presented at the Indiana Speech Association convention, 1981. See also, G. Kreps, "Com. Ed. in the Future: The Emerging... ," Indiana Speech Journal (in-press); G. Kreps, "Health Com. Ed. for Future...," Health Communication Newsletter; S. Hill, "Health Com.: Focus on ...," ACA Bulletin.

[9] Donald M. Cassata, "Health Com. Theory...," Communication Yearbook 2. See also, D. Costello, "Health Com Theory...," Communication Yearbook 1; D. Barnlund, "The Mystification of Meaning: Doctor-Patient Encounters," Journal of Medical Education 51 (1976), 716-725.

[10] James H. McRath and David T. Burhans, Jr., Communication Education for Careers (Falls Church, Va.: Speech Communication Association, 1975), 1.

[11] J. Carroll and J. Monroe, "Teaching Medical Interviewing: A Critique of Educational Research and Practice," Journal of Medical Education 30 (1979), 498-500.

[12] D. Cassata and P. Clements, "Teaching Communication Skills Through Videotape Feedback: A Rural Health Program," Biosciences Communication 4 (1978), 39-50. See also, D. Cassata, et al., "An Advanced Medical School Interviewing Course Using Videotape Feedback: A Systematic Approach," Journal of Medical Education 51 (1976), 939-942.

[13] Gary L. Kreps, "Nonverbal Communication in Dentistry," The Dental Assistant 50 (January, February, 1981), 18-20. See also, G. Kreps, "Therapeutic Communication and the Interview Process," paper presented at the Indiana Speech Association convention, 1981.

[14] Kreps, "Therapeutic Communication and ...."

[15] Gary L. Kreps, "Communication Ed. For Health Professionals ...."

[16] Barbara C. Thornton, "Ethical Issues Regarding Communication and Women's Health Care," paper presented at the International Communication Association convention, 1980.

17 Ibid. See also, B. Kaiser and I. Kaiser, "The Challenge of the Women's Movement to American Gynocology," American Journal of Obstetrics and Gynocology (1974), 652-665; D. Brinton, "Value Differences Between Nurses and Low-Income Families," Nursing Research 21 (1972), 46-52; A. Brownlee, Community, Culture, and Care: A Cross Cultural Guide for Health Workers (St. Louis, Mosby, 1978); B. Bullough, "Poverty, Ethnic Identity and Preventative Health Care," Journal of Health and Social Behavior 13 (1974), 347-359. A. Campbell, Moral Dilemmas in Medicine (London: Longman, 1975).